## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10735403

|   |  |   | SMALL ENTITY TYPE |                      | OR_                                     | OTHER<br>SMALL E |   |           |                        |    |                     |                        |
|---|--|---|-------------------|----------------------|---|------------------|---|-----------|------------------------|----|---------------------|------------------------|
| TOTAL CLAIMS  |  |   | 14                |                      |   |                  |   | RATE      | FEE                    |    | RATE                | FEE                    |
| FC  | R  |   | NUMBER FILED      |                      | NUMBER EXTRA                            |                  |   | BASIC FEE | 385.00                 | OR | BASIC FEE           | 770.00                 |
| TO  | TAL CHARGEA                                    | BLE CLAIMS                                      | ly minus 20=      |                      | . 0                                     |                  | I | XS 9=     |                        | OR | X\$18=              |                        |
| INDEPENDENT CLAIMS  |  |   | பு mir            | nus 3 =              | • /                                     |                  | ı | X43=      |                        | OR | X86=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                   | NT                   |   |                  |   | +145=     |                        | OR | +290=               |                        |
| • If the difference in column 1 is less than zero, enter  |  |   |                   |                      | r "0" in c                              | olumn 2          | Į | TOTAL     |                        | OR | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |                   |                      |   |                  | • | SMALL E   | NTITY                  | OR | OTHER<br>SMALL      |                        |
| A   | - 12   | CLAIMS REMAINING AFTER AMENDMENT                |                   | NUM<br>PREVI         | BER                                     | PRESENT<br>EXTRA |   | RATE      | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| OME   | Total  | . 14  | Minus             | - 2                  | 0                                       | =                |   | XS 9=     |                        | OR | X\$18=              |                        |
| <b>AMENDMENT</b>  | Independent                                    | • 4   | Minus             | 4                    | ł                                       | . —              |   | X43=      |                        | OR | X86=                | ·                      |
| A   | FIRST PRESE                                    | NTATION OF M                                    | JLTIPLE DEF       | ENDEN                | T CLAIM                                 |                  | • | +145=     |                        | OR | +290=               |                        |
|   |  |   |                   |                      |   |                  | 1 | TOTAL     |                        | OR | TOTAL<br>ADDIT, FEE |                        |
|   |  |   | ADDIT. FEE        |                      |   | ADDIII. 1 0-     |   |           |                        |    |                     |                        |
| NT B  |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |                   | HIGI<br>NUN<br>PREVI | MN 2)<br>HEST<br>MBER<br>IOUSLY<br>OFOR | PRESENT<br>EXTRA |   | RATE      | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | *   | Minus             | **                   |   | =                |   | X\$ 9=    |                        | OR | XS18=               |                        |
| NEN<br>EN   | Independent                                    | •   | Minus             | ***                  |   | =                | ] | X43=      |                        | OR | X86=                |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |                      |   |                  | L | +145=     |                        | OR | +290=               |                        |
| ·   |  |   |                   |                      |   |                  |   | TOTAL     |                        | OR | TOTA                |                        |
| ADDIT. FEE  |  |   |                   |                      |   |                  |   |           |                        |    |                     |                        |
| AMENDMENT C   |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT     |                   | HIG<br>NUI<br>PREV   | HEST<br>MBER<br>HOUSLY<br>D FOR         | PRESENT<br>EXTRA |   | RATE      | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| DME   | Total  | •   | Minus             | ••                   |   | 5                |   | X\$ 9=    |                        | OR | X\$18=              |                        |
| MEN   | Independent                                    | •   | Minus             | ***                  |   | 2                | _ | X43=      |                        | OF | X86=                |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                   |                      |   |                  |   | +145=     |                        | ОЯ | 200                 |                        |
| TOTAL   |  |   |                   |                      |   |                  |   |           |                        | OF | TOTA                | u                      |
| If the entry in country is less than the entry in country is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                   |                      |   |                  |   |           |                        |    |                     |                        |

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